Docket No.
BMID9809US

Declaration and Power of Attorney For Patent Application

English Language Declaration

	English E	anguage Declaration	
As a below named inve	ntor, I hereby declar	re that:~/	
My residence, post offic	ce address and citize	enship are as stated below next to m	y name,
-	if plural names are l nt on the invention e		•
the specification of which	ch		
(check one)		•	
☑ is attached hereto.			
☐ was filed on		as United States Application No.	or PCT International
Application Number			
and was amended			
		(if applicable)	
<u> </u>		derstand the contents of the above i mendment referred to above.	dentified specification,
_	•	United States Patent and Trademark lity as defined in Title 37, Code of	
Section 365(b) of any any PCT International a listed below and have a	foreign application(application which de also identified below PCT International a	nder Title 35, United States Code, s) for patent or inventor's certificate signated at least one country other to, by checking the box, any foreign a pplication having a filing date before	, or Section 365(a) of han the United States, pplication for patent or
Prior Foreign Application	on(s)		Priority Not Claimed
(Number)	(Country)	(Day/Month/Year Filed)	_
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(Number)	(Country)	(Day/Month/Year Filed)	
(Number)	(Country)	(Day/Month/Year Filed)	_

application(s) listed below:		
(Application Serial No.)	(Filing Date)	- · ·
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(Application Serial No.)	(Filing Date)	· -
Section 365(c) of any PCT Internations as the subject matter of ear Juited States or PCT International J.S.C. Section 112, I acknowledge	ional application designating the claims of this application in the manner the duty to disclose to the	g the United States, listed below and oplication is not disclosed in the prior provided by the first paragraph of 35 a United States Patent and Trademark
Section 365(c) of any PCT Internations as the subject matter of ear Juited States or PCT International J.S.C. Section 112, I acknowledge Office all information known to me	ional application designating the of the claims of this application in the manner the duty to disclose to the to be material to patentalle between the filing date or	g the United States, listed below and, oplication is not disclosed in the prior provided by the first paragraph of 35 a United States Patent and Trademark bility as defined in Title 37, C. F. R.,
Section 365(c) of any PCT Internations as the subject matter of ear Jnited States or PCT International J.S.C. Section 112, I acknowledge Office all information known to me Section 1.56 which became available.	ional application designating the of the claims of this application in the manner the duty to disclose to the to be material to patentalle between the filing date or	g the United States, listed below and, oplication is not disclosed in the prior provided by the first paragraph of 35 a United States Patent and Trademark bility as defined in Title 37, C. F. R.,
Section 365(c) of any PCT Internations as the subject matter of ear Jnited States or PCT International J.S.C. Section 112, I acknowledge Office all information known to me Section 1.56 which became available or PCT International filing date of the	ional application designating ich of the claims of this application in the manner athe duty to disclose to the to be material to patentalle between the filing date of sapplication:	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

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